

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048797

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 239 Primary Registration District No. 4356 Registrar's No. 3

FILED JAN 7 1964

1. PLACE OF DEATH a. COUNTY New Madrid County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma Mo.		c. CITY OR TOWN Hornersville Mo.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Luther Bolen		4. DATE OF DEATH Month Dec. Day 28th Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11.23.1885
9. AGE (last birthday) 78		10. IF UNDER 1 YEAR Months 1 Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gin Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Cotton Gins	
11. BIRTHPLACE (City and state or country) Wildersville Tenn		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME P.H. Bolen		13b. MOTHER'S MAIDEN NAME Euphemia Parrish	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. XX		17. INFORMANT Mrs. Frank Highfill Parma Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac insufficiency DUE TO (b) coronary atherosclerosis, emphysema DUE TO (c) operated on 4 1/2 hours before death PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) after death PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 12:20 a.m. PM Month, Day, Year Dec 28 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Parma, Mo.		20g. COUNTY Dunklin	
20h. STATE Mo.		21. I attended the deceased from death occurred at Parma, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Dr. Geo W. Heister		22b. ADDRESS Parma, Mo.	
22c. DATE SIGNED 1-4-64		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12.30- 1963		23c. NAME OF CEMETERY OR CREMATORY Horner Cemetery	
23d. LOCATION (City, town, or county) Hornersville		23e. STATE Mo.	
24. FUNERAL DIRECTOR Lentz Service		25. DATE RECD. BY LOCAL REG. 1-5-1964	
26. REGISTRAR'S SIGNATURE Charles Simpson by H.L. Ponder		27. (Licensed Embalmer's Statement on Reverse Side)	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edgar Lee Herd

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

Note: The above MUST BE SIGNED (BY THE LICENSED EMBALMER) in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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